Annual Update 22/23

Siskiyou County Behavioral Health

Mental Health Services Act

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Acronyms

Term	Acronym
Mental Health Plan	MHP
Request for Application	RFA
Specialty Mental Health Services	SMHS
Community Program Planning Process	CPPP
Siskiyou County Behavioral Health	SCBH
Community Resource Center	CRC
Family Resource Center	FRC
Health and Humans Services Agency	HHSA
Full Service Partnership	FSP
Integrated Care Project	ICP
California Mental Health Services Authority	CalMHSA
Rural Community Housing Developing Corporation	RCHDC
Psychiatric emergency team	PET
Wellness Recovery Action Plan	WRAP
Community Corrections Partnership	CCP
Day Reporting Center	DRC
Seriously Mentally Ill	SMI
County Continuum of Care	CoC
Point in Time	PIT
Multi-disciplinary team	MDT
Homeless Mentally Ill Outreach and Treatment	HMIOT

Mental Health Services Oversight and Accountability Commission	MHSOAC
California Code of Regulations	CCR
Health Information Portability and Accountability Act	HIPAA
Area on Aging: Planning Service Area II	PSAII
Request for Proposal	RFP
Ages and Stages Questionnaire	ASQ-3
Ages and Stages: Social Emotional Questionnaire	ASQ:SE
Family Urgent Response System	FURS
Child Family Team	CFT
Intensive Care Coordination	ICC
Therapeutic Behavioral Services	TBS
Intensive Home-Based Services	IHBS
Key Event Tracking	KET
Child and Adolescent Needs and Strengths Assessment	CANSA
Data Collection and Reporting System	DCR
Prevention and Early Intervention	PEI
Stigma & Discrimination Reduction	SDR
Child Welfare Services	CWS
Adverse Childhood Experiences	ACE
Electronic Health Record	EHR
Client Identification Numbers	CIN
Global Unique Identifier ID's	GUID
Department of Health Care Access and Information	HCAI

Office of Statewide Health Planning and Development	OSHPD
Continued Education Assistance Program	CEAP
Capital Facilities and Technology Needs	CFTN

Certifications

County Certification

County: SISKIYOU

Mailing Address: 2060 Campus Dr, Yreka, CA 96097

Mental Health Director: Sarah Collard, Ph.D

Telephone Number: 530-841-2761

Email: scollard@co.siskiyou.ca.us

Project Lead: Sarah Collard, Ph.D

Telephone: 530-841-2761

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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws, and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and non-supplantation requirements.

This Annual Update has been developed with the participation of stakeholders in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment, and a public hearing was held by the local mental health board on XXXX. All input has been considered, with adjustments made as appropriate. The Annual Updated Plan and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 9/21/21.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Annual Update FY 2022-2023 are true and correct.

Sarah Collard, Ph.D, Mental Health Director

Print	Signature	Date

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Fiscal Accountability Certification

County: SISKIYOU

Mailing Address: 2060 Campus Dr, Yreka, CA 96097

Mental Health Director: Sarah Collard, Ph.D

Telephone Number: 530-841-2761

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County Auditor-Controller: Diane Olson

Telephone: 530-842-8078

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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the

County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller (PRINT)	Signature	Date

Siskiyou County's Background

Description and Characters

Siskiyou County is a large, rural frontier county with an estimated population of 44,118 persons, located in the Shasta Cascade region of Northern California. Encompassing approximately 6,277 square miles, Siskiyou County is geographically diverse with mountainous terrain, lakes, dense forests, and high desert. The county seat, Yreka, is located on I-5 twenty minutes south of the Oregon border. Several towns are located along the 1-5 corridor; however, the majority of Siskiyou County communities are geographically isolated and accessible only by two-lane roads with limited public transportation available in outlying areas such as East County (Butte Valley) and West County (along the Klamath River and into Happy Camp). Geography and distance play important roles in determining service delivery to the inhabitants of this remote and lovely county.

Siskiyou County's main behavioral health clinic is located in Yreka, and a smaller satellite clinic operates in Mt. Shasta, the second largest community in the county, located on the I-5 corridor bordering Shasta County. There are nine incorporated cities in the county. The county's public transportation department operates buses connecting the more populated areas; however, due to distance and sparse population (7 persons per square mile), trips may occur as infrequently as once a week to and from the remotest regions of the county. Round trips from the incorporated cities to Yreka range from 16 miles to 186 miles. Behavioral Health operates a fleet of vehicles and provides transportation services for clients throughout the county. Clinical staff also travel to outlying areas to provide community-based services when feasible.

The demographics of Siskiyou County's residents differ significantly from that of many California counties in that it is less racially and ethnically diverse. Seventy-five percent of the county population identifies as White alone, not Hispanic, and 13.2% as Hispanic. There are two federally recognized tribes in the county, the Karuk Tribe and the Quartz Valley Reservation Tribe, which comprise 5.1% of the population. Approximately 5% of the population identifies as two or more races. Persons of Asian and African American descent make up the remaining 1.6% and 1.5% of the county inhabitants, respectively. An estimated 8.4% of the population speaks a language other than English in the home. Approximately 4,000 veterans reside in Siskiyou County, and 5.9% of the population is foreign-born.

Siskiyou County is unique among California counties in that it is one of the very few that has experienced a decline in population in recent years, and this trend is projected to continue. Historically, the economy was dependent upon the forestry and ranching industries, both of which have experienced major declines over the past three decades. The lack of employment has precipitated the migration of persons, particularly those between the ages of 30 and 39, out of the county in search of education and employment opportunities. The median household income in Siskiyou County is $47,403 compared to a statewide median of $78,672. While the median income level in Siskiyou County is significantly below that of other Californians, the poverty

level is lower (14.3%) than the statewide average of 16.4%. Twenty-six percent of residents are age 65 or older as compared to the statewide average of 14.8%.[i]

County Challenges

- Recruitment and retention of trained clinicians, after-hours crisis workers, and psychiatrists continues to be a challenge for the Mental Health Plan (MHP).
- The lack of county and managed care transportation resources continues to be a significant barrier to accessing specialty mental health services (SMHS), particularly for those that live off of the I-5 corridor.
- The unemployment rate in Siskiyou County is 6%.[ii] This is consistent with the state average; however, the rural nature of the county continues to present challenges with economic development and stability.
- The lack of supported and affordable housing available to individuals living below the federal poverty level and suffering from mental illness continues to put a strain on the behavioral health system.
- The lack of a homeless shelter in Siskiyou County contributes to challenges in engaging the homeless mentally ill consumers residing in the community.

Community Program Planning and Local Review Process

Important Dates

February

2/16/2022 – Request for applications (RFA) for PEI services released

March

3/3/2022 – Intent to apply letter due

3/17/2022 – Community Partnership Planning Meeting at Six Stones Wellness Center in Yreka, CA

3/21/2022 – Community Partnership Planning Meeting at the Behavioral Health Advisory Board Meeting in Yreka.

3/22/2022 – Community Partnership Planning Meeting in Mt. Shasta, CA

3/23/2022 – Community Partnership Planning Meeting with Tiny, Mighty, and Strong Collaborative in Tulelake, CA

April

4/12/2022 – Final application due for the RFA

4/15/2022 – Community Partnership Planning Meeting in Happy Camp

June

6/30/2022 – 30-Day comment period opened for Annual Update 22/23

August

8/15/2022 – Public Hearing-Behavioral Health Advisory Board

September

9/6/2022– Public Hearing and Plan Update Approval-Board of Supervisors

Stakeholder Engagement Results

The Community Program Planning Process (CPPP) for Siskiyou County Behavioral Health's (SCBH) FY 2022-2023 Plan Update involved outreach to all regions of the County beginning in the winter of 2021. In early 2022, consumers, family members, partners, providers, staff, and other stakeholders participated in four open forums and completed written or electronic surveys provided in both English and Spanish. Efforts to publicize the CPP process included the distribution of an informative flyer that explained the process, participation in public meetings where the MHSA Coordinator was invited to share about the CPP process, and the development of a flyer, which included a QR code that electronically linked the community to the CPPP survey for feedback. Additionally, an "upcoming events" section was added to the county MHSA website, where the schedule was posted, and the surveys were provided in a fillable document format and an online survey in both English and Spanish.

To ensure consumer involvement, one focus group was hosted by the Six Stones Wellness Center. As in previous years, a focus group was conducted at the resource center in Happy Camp and for the first time at the Tiny, Mighty, and Strong Complex in Tulelake, two of the county's most remote areas. A focus group was also held at the Mt. Shasta Behavioral Health Clinic, and another was hosted by the Behavioral Health Advisory Board in the Yreka clinic. Meetings were generally hybrid in nature in order to increase public access. All feedback received during the CPPP has been organized by the location in which it was received and is included here for public review.

In an effort to maximize community input, MHSA surveys were distributed via email and at each focus group. Surveys afforded consumers and community members an opportunity to provide feedback regarding projects being considered in the annual update, and service gaps or needs not already identified through the planning process. Surveys were also used to solicit feedback regarding the need for specific behavioral health services in the various communities throughout the county. Forty (40) surveys were completed, and this data was compiled and utilized along with feedback from the focus groups in the development of the annual update.

Qualitative feedback from the CPP process revealed that of the thirty-seven responses received regarding programs in specific communities, 17% reported there were enough substance use disorder (SUD) services available in their community, 22% reported there were enough family-centered programs, 16% reported there were enough youth-centered and senior-centered programs available, and 14% reported there was enough diverse options in programming for people of varying backgrounds. Responses clearly indicate a need for expanded services throughout the county. When asked about existing barriers to service, 76% cited lack of transportation, and 70% reported lack of knowledge about programs and services. Sixty-two percent of respondants report that stigma is a significant barrier to service access.

In response to the question "If you could have better wellness/mental health services (e.g., therapy, culture specific classes) in any area or for any particular group (e.g., Native Americans, LGBTQ) what would they be?", write-in answers varied, but the consistent themes across all responses were LGBTQ focused programming, "rehabs" and SUD recovery oriented services.

The following is a brief summary of the demographic make-up of those surveyed. Thirty-nine respondants chose to provide the following information.

- 30 identified as female
- 4 identified as Veterans or family member of Veterans
- 4 identified as Hispanic/Latino
- 6 identified as Homeless
- 6 identified as LGBTQI+
- 28 were between the ages 26 and 59

Throughout the CPP process, SCBH reiterated a commitment to open communication and collaboration with consumers, family and community members, partners and stakeholders. The information gathered through the CPP process contributed to the development of the Annual Update for FY 2022-2023, the goal of which is to meet the behavioral health needs of the varied and unique communities in Siskiyou County.

Community Services & Supports

Full Service Partnership Programs

Annual Planning and Evaluation-CSS

SCBH recognizes the vitial role Siskiyou County community members play in the development of MHSA programs. The MHSA community stakeholder process is a collaboration that adheres to the California Cod of Regulations §3320 to plan, implement and evaluate Siskiyou County's Mental heatlh Services Act programs. The CPP process is designed to ensure that outreach is to people of all ages, ethnicities, and socioeconomic backgrounds, mental health clients and family members, people who provide services to people with mental health challenges and substance use disorders, and people from all corners of the county. SCBH is committed to incorporating the diverse opinions of community members to ensure that our wellness-, recovery- and resilence-focused programs are successful. CSS funds are used to support this process, and to support administration and evaluation of programs.

Full Service Partnerships

Full Service Partnership (FSP) is a program that fosters client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services that support recovery, wellness and resilience. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focused on wellness, outcomes and accountability.

In FY 21/22, SCBH restructured its case management services and adopted Strengths Model Case Management. This program is goal-centric and client-driven emphasizing collaborative goal setting by the client and their care team to assist clients to progress through treatment to a lower level of care, or to transition out of the mental health system and engage with natural community supports.

Individuals qualifying for Full Service Partnership must meet the eligibility criteria in WIC § 5600.3 (a) for children and youth or WIC § 5600.3(b) for adults and older adults at risk. In addition to meeting eligibility criteria as defined under WIC, individuals must also meet MHSA specific criteria.[iii] FSP eligible individuals may receive the full spectrum of services necessary to attain their Strengths Model goals. Under the Full Service Partnership agreement, services and supports identified by the client, and as appropriate by the client's caregiver/parent, as necessary to promote progress toward goals are incorporated into treatment. FSP eligible individuals may also receive non-mental health supportive services in order to advance goals and achieve outcomes that support the client's recovery, wellness and resiliency.

Substance use disorders often play a significant role in the lives of clients engaged in the FSP program. SUD services are provided based on the client's level of readiness for change. With the passage of Assembly Bill 2265, MHSA funds can now be expended on individuals who present with co-occurring mental illness and substance use disorders. CSS funds will be used to support these individuals to achieve recovery.

FSP eligible children and youth also receive Strengths Model Case Management services. Children's services focus on keeping families intact and avoiding restrictive placements, including hospitalization, incarceration and short-term residential therapeutic program placements. Services are available to youth who are juvenile justice involved, at risk of foster care placement, or are in foster care placement and at risk of placement into a higher level of care. This program does not serve children/youth who are incarcerated. Children/youth receiving services in the Pathway to Wellbeing program and/or the Family Urgent Response System (FURS) program are eligible to participate in Full Service Partnerships.

Referrals to the Family and Youth FSP program are made by Behavioral Health Specialists and/or Clinicians and authorized by the CSOC Site Supervisor. Children reviewed by the Interagency Placement Committee are given high priority access to this program.

The child and youth FSP program integrates wraparound principles including team-based decision making, strength–based interventions, cultural sensitivity, individualized plans, persistence and outcome-based strategies. Services are youth and family driven, collaborative and flexible. Each FSP child/youth and their family work with the Behavioral Health Program Coordinator who schedules and facilitates Child Family Team (CFT) meetings, and provides Intensive Care Coordination (ICC) services when appropriate. The child/youth is also assigned a Behavioral Health Specialist who provides Intensive Home-Based Services (IHBS), case management and linkage to appropriate supportive resources.

Three-Year Goal:

Adults

- Objective 1: Reduction in psychiatric hospitalization
- Objective 2: Clients maintained within the community
- Objective 3: Reduction in use of ER
- Objective 4: Reduction in incarcerations

Children/TAY

- Objective 1: Engage families in treatment
- Objective 2: Strengthen family unification and reunification
- Objective 3: Reduce out of home placements

FY 20/21 Outcomes

Based on data in the electronic health record, a total of 206 clients met criteria for Full Service Partnerships and received services in FY 20/21. Eighty-two of those clients were children/TAY and 24 were adults. The majority of enrolled FSPs (171) received medication services, 57% were adults 26+ years old and 43% were children/TAY.

Within the adult population, clients engaged in FSP services experienced a significant decline in psychiatric hospitalizations, incarcerations, out of county placements and ER visits.

In FY 19/20, SCBH conducted 450 crisis evaluations at local hospitals (330 unduplicated clients), and hospitalized 113 individuals (82 unduplicated clients). Forty-six (41%) of hospitalizations were direct admits.

In FY 20/21, SCBH conducted 653 crisis evaluations at local hospitals (465 unduplicated clients), and hospitalized 139 individuals (112 unduplicated clients). Twenty-six (19%) of the hospitalizations were direct admits.

In FY 19/20, 39 children were removed from parental custody by the courts, in FY 20/21, 38 children were removed from parental custody by the courts.

Flex Funding

MHSA funding may be used to purchase services or supplies deemed necessary for an FSP to meet their Strengths Model goals. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner.

MHSA funding may be used to purchase services or supplies deemed necessary for an FSP to meet their Strengths Model goals. Services and supports funded under the Flex Fund program may include, but are not limited:

- Necessities to promote family stabilization
- Emergency food
- Shelter or clothing
- Uncovered medical expenses
- Rent
- Moving expenses
- Educational expenses
- Household items
- Funding for dual diagnosis treatment
- Housing subsidies
- Residence in drug/alcohol rehabilitation programs, including eating disorder treatment and transitional housing.

The funds expended for the FSP consumer are intended to reduce psychiatric hospitalization, reduce the use of the ER, reduce incarcerations, and to assist consumers to stay engaged in the community and further develop relationships toward improved natural supports.

FY 20/21 Outcomes

In FY 20/21, SCBH provided $322.727 in financial assistance in Flex Fund support to clients receiving services through the FSP program. The majority of these funds were utilized to provide housing support services.

Peer Support Specialists

Several years ago, SCBH initiated a peer provider program as one component of the Integrated Care Project (ICP), a program funded by MHSA Innovation funds. In FY 2020-2023, as stated the the 3-Year Plan, Peer Support Specialists transitioned from providing services exclusively to ICP participants to providing services for all eligible adult and older adult FSPs.

The value of the Peer Specialist workforce in providing outreach, engagement, and ongoing supportive services to individuals with mental health and substance use difficulties is immense. With the passage of Senate Bill 803, and the expanded opportunities it affords counties, SCBH is partnering with CalMHSA in the "Peer Support Specialist Certification Program." Under this agreement, Peer Support Specialists will receive training and certification specific to the delivery of peer support services. MHSA will continue to support the current Peer Specialist workforce in FY 22/23, and intends to expand the peer workforce in the coming years.

Wellness and Recovery Program (Six Stones)

Wellness Center programs across California play a prominent role in promoting self-healing, resiliency, and recovery for the seriously mentally ill. Wellness Centers provide a non-stigmatizing and welcoming setting where participants receive an array of services including life skills training, support groups, and social interaction. Organized around recovery and resiliency principles, wellness services include but are not limited to: communication skills, physical health, social skills, self-advocacy, recreational activities, hobby development and healthy living activities.

Six Stones Wellness Center provides services to adults 18 years of age and older with serious mental illness. The Center employs one full-time Supervisor, one full-time Case Manager, and three part-time Peer Advocates, and boasts an impressive array of volunteers.

In standard practice, services in the Center are offered in a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. The Covid-19 public health emergency forced the Wellness Center to close its doors for a large portion of FY 20/21, and transition to remote services. This transition posed

challenges for clients and staff, and participation declined significantly. In-person services resumed in FY 21/22, the Center is under new leadership, and has slowly been rebuilding capacity. Northern Valley Catholic Social Service (NVCSS), SCBH's contract provider, is actively working with SCBH and Wellness Center staff to adapt their service delivery model under fluctuating Covid-19 restrictions while continuing to meet consumer needs.

Six Stones staff are predomonatly Peer Specialists who are trained in Wellness Recovery Action Plan (WRAP) facilitation. Satisfaction survey results consistently indicate that participation in Wellness Center actitivies increases member knowledge of mental health issues, and improves their ability to advocate for themselves and/or their family members regarding mental health services.

Three-Year Goal:

To provide a member-directed wellness program that fosters wellness recovery and resiliency to those living with mental illness.

- Objective 1: Coordinate participant referrals for recovery and resiliency programs.
- Objective 2: Increase engagement in mental health services.

FY 20/21 Outcomes:

In FY 20/21, the Six Stones Wellness Center served 114 returning members and added 9 new members. Throughout the fall of 2020, the Center struggled through Covid restrictions and shutdowns that greatly impacted their ability to provide services. In March of 2021, they reopened and attempted to return to a more cautious but open mode of operation. In April of 2021, groups resumed with each group averaging seven (7) participants per meeting. Six Stones Wellness Center provided a Listos Disaster Planning event for the homeless population at the end of FY 20/21 that was attended by 54 people.

Non-FSP Programs

General System Development

System development strategies are funded by Community Services and Supports and include funding for Adult and Children's Systems of Care; assessment and treatment of co-occurring mental health and substance use disorders (AB 2265); purchase of advertising/outreach materials; as appropriate, to draw down federal funds to support clinical services; for office supplies and to cover administrative costs. The MHSA Coordinator is also funded by CSS. This position provides program oversight, develops innovative strategies to improve service delivery, and assists with the implementation of policies and procedures. The Coordinator also ensures data is collected and reported properly to support measurable outcomes and accountability, and to identify areas where quality improvement is necessary. Due to increased data collection and reporting regulations, as well as the expansion of programs, SCBH funds fiscal and support staff to assist with program coordination and evaluation of outcomes. CSS General System Development funds are also used to support the following programs:

Siskiyou County Health Care Collaborative

Historically, SCBH partnered with the Siskiyou County Health Care Collaborative to identify efficient and cost-effective ways to provide access to physical and behavioral health care services, and to develop and expand opportunities for health care integration. Participating members of this collaborative are: Anav Tribal Health Clinic, Dignity Health, Mercy Medical Center Mt. Shasta, Fairchild Medical Center, Klamath Health Services, Inc., Shasta Cascade Health Centers, Mountain Valleys Health Centers, Partnership HealthPlan of California, and the Siskiyou County Health and Human Services Agency. Due to the constraints and stresses of Covid, the collaborative paused its monthly meetings in FY 21/22. In the event Health Care Collaborative meetings resume in FY 22-23, SCBH will contribute funds to support facilitation of meetings. In prior years, SCBH has contributed $3,000 toward this effort.

Tulelake Healthcare Project

General system development funds have supported the Community Care Collaborative based in Tulelake. The Community Care Collaborative was comprised of law enforcement, Behavioral Health, the Family Resource Center, Tulelake Health Clinic, school personnel and others that helped to identify individuals with unmet needs and worked together to facilitate access to necessary services. Participation was historically reported to be between 10-15 agencies per month, however, with the public health emergency the focus of this group shifted, and is no longer aligned with CSS general system development goals. This program will not continue in FY 22/23.

Telehealth Expansion

SCBH is currently experiencing extreme staffing shortages, particularly with regard to licensed/registered clinicians. In order to address this shortfall, SCBH is expanding capacity through contracts with additional telehealth providers. Telehealth services include telepsychiatary and teletherapy. CSS funds support this expansion.

Transportation

SCBH strives to provide clinical services in outlying communities, however, limited human resources, distance, and the lack of adequate facilities in which to conduct treatment are among the challenges associated with providing services in small, isolated communities. To facilitate access to necessary services, SCBH provides transportation to the two Behavioral Health clinics, Six Stones Wellness Center, and other services as necessary. Transportation services continue to expand to ensure all clients have access to care, and CSS General System Development funds are utilized to cover these costs, and to increase access via public transportation. Consistent with previous years, during the CPP process, stakeholder and provider feedback indicated that individuals are underserved because they cannot access services and resources throughout the county due to transportation challenges and geographical barriers. To facilitate better access and linkage to services, SCBH will provide transportation services, and will link clients to transportation resources through Partnership's contractor, MTM. This transportation service is free to all Partnership members.

SCBH will continue to leverage MHSA funds to provide the match for federal Medi-Cal dollars when appropriate to expand services and improve access and outcomes for clients.

Crisis Intervention and Response

Siskiyou County Behavioral Health provides phone or walk in crisis intervention services 24-hours per day, 7 days per week. The Psychiatric Emergency Team (PET) is comprised of three full-time crisis workers, two of whom are funded by MHSA. PET team workers are stationed at a local hospital and cover after-hours crisis shifts. Dedicating staff to the PET ensures individuals in crisis receive timely access to needed support and intervention services. Consumers presenting in crisis are eligible for immediate emergency and/or supportive services such as temporary housing, food, and clothing. Provision of these services enables clients in crisis to remain in the least restrictive setting possible with access to support networks while receiving crisis intervention and stabilization services. Siskiyou County does not have the population base to warrant the development of a crisis stabilization unit. Having a dedicated crisis response team available after hours affords SCBH the opportunity to ensure safety measures are in place for clients in crisis, and reduces the risk of homelessness, hospitalization, incarceration, or additional deterioration. The formation of the PET reduced staff burnout and increased retention.

In alignment with Senate Bill 389, incarcerated individuals presenting in crisis are eligible to receive services under this project.

Three-Year Goal:

To provide 24/7 access to crisis intervention services in order to assess, stabilize, and place clients in the most appropriate level of care.

- Objective 1: Maintain adequate staffing levels for the after-hours psychiatric emergency team.
- Objective 2: Reduce placement in acute facilities by providing appropriate services locally, when possible.
- Objective 3: Increase the collaboration with County partners, such as law enforcement and local emergency departments.

FY 20/21 Outcomes:

The Psychiatric Emergency Team (PET) provided 962 crisis responses to 615 unduplicated individuals in FY 20/21. Over the course of the year, 93 individuals were hospitalized (including direct admits), 20 of whom were open to services at SCBH prior to their hospitalization. Compared to FY 19/20, crisis responses increased by 30% but hospitalizations decreased by 19%.

SCBH will continue to leverage MHSA funds to provide the match for federal Medi-Cal dollars when appropriate to expand services and improve access and outcomes for clients.

Outreach and Engagement

Homeless Outreach

The Siskiyou County Advisory Board, with representation from cities, Health and Human Services, health care providers, and law enforcement among others, facilities the community conversation regarding homelessness and housing in Siskiyou County. Participants on the Siskiyou County Advisory Board identify community priorities regarding homelessness and housing, and pursue funding opportunities to address identified service and housing gaps. The Advisory Board also organizes and conducts Siskiyou County's Point in Time (PIT) count as part of their collaboration with the NorCal Continuum of Care.

Siskiyou County's 2022 PIT count was 321. Of this total, 25.8% identified as chronically homeless, 3.4% as veterans, 5.9% as survivors of domestic violence, 17.7% reported they had a felony conviction, 4.4% reported they were ill with Covid-19, 9.6% reported they were homeless as the result of a natural disaster, 8.1% were youth and 19% were children. Males in Siskiyou County are experiencing homelessness in higher numbers (172) than females (146).

Analysis of the feedback received by the Advisory Board pertaining to housing and homelessness has revealed the following overall themes:

- The need for permanent supported housing;
- The need for additional crisis intervention/outreach to the homeless community;
- The need for emergency shelter and transportation; and
- Challenges in transitioning households from shelter projects to permanent housing because of the shortage of affordable housing in Siskiyou County.

Siskiyou County is in the fourth year of its 10-Year Plan to End Homelessness. This plan addresses community identified housing needs and resources and emphasizes outreach and engagement efforts for chronically homeless individuals. SCBH facilitates a multi-disciplinary team (MDT) of service providers that meet monthly with individuals experiencing homelessness to identify and address barriers to accessing housing. This program was on hiatus for the majority of the 2020/2021 fiscal year due to the Covid-19 pandemic, and the loss of a contracted facilitator. MHSA previously funded facilitation for this program, however, after several unsuccessful attempts to recruit a facilitator, SCBH brought the program in-house, and is funding this service through other means. Meetings resumed in May of 2021, and MDTs are scheduled based upon receipt of referrals. In addition to participation by Behavioral Health, various public and private organizations regularly participate, including the Social Services Division, Probation, Fairchild Medical Center, the Siskiyou Community Resource Collaborative, and Northern Valley Catholic Social Services.

SCBH continues to work collaboratively with partner agencies to ensure consumers with unmet housing needs receive support and services through CSS-FSP funding for housing. Partnerships may include, but are not limited to, contracts with local motel owners to provide rooms on a daily, weekly, or monthly basis depending on need. Some transitional housing is also utilized for clients who are moving toward independence.

SCBH will continue to leverage state, federal, and local funding in conjunction with MHSA Outreach and Engagement to expand homeless street outreach to members of the community who are experiencing homelessness. In FY 22/23, in response to ongoing concerns expressed through the CPP process and by the Advisory Board regarding individuals experiencing homelessness, CSS will fund two (2) FTE county employee or contract with local law enforcement to provide outreach and crisis services to community members who are experiencing homelessness.

The desired outcome of these efforts is to increase the number of mentally ill and substance using consumers who are in stable housing.

Three-year goal:

To provide outreach and engagement opportunities for the homeless mentally ill community in order to improve mental health treatment access, facilitate MDTs, and transition clients into stable housing.

- Objective 1: Increase the number of homeless individuals who are referred to SCBH services.
- Objective 2: Increase the number of SCBH homeless MDTs held each year.

FY 20/21 Outcomes:

In FY 20/21, SCBH received 155 requests for mental health services and 63 requests for medication services from individuals who were experiencing homelessness. Of the requests for services received in the year, homeless individuals accounted for 14% of the mental health requests and 13% of the medication requests.

The Day Reporting Center (DRC)

The DRC is a facility managed by the probation department and staffed with two case managers, one therapist, and two contract therapists. Historically, services at the DRC were funded in part by MHSA, however, in the current year services at the DRC are being funded primarily by AB109 realignment. Providers at the DRC address service gaps for post-release offenders and facilitate engagement for Seriously Mentally Ill (SMI) and substance abusing individuals through SCBH and the mild-moderate service provider network. As identified

through the CPP process, the criminally involved SMI population in Siskiyou County is historically un- or underserved, at risk and faces many barriers to accessing services. SCBH works closely with the DRC to ensure services are accessible for this population. Identified barriers include service location, transportation, lack of benefits and service gaps. In FY 22/23, services at the DRC will continue to be funded by AB 109 realignment.

Community Outreach

With the emergence of the Covid-19 public health crisis, Health and Wellness Fairs that were once regular events in the county were suspended. Particiption in these events provided SCBH with opportunities to educate community members on available services, and opportunies for outreach and engagement. In respose to the suspension of community events, SCBH expanded its presence on social media, and worked with community partners to ensure residents had access to information and resources, especially as the impacts of the public health emergency deepened. SCBH utilizes partnerships with several agencies throughout the county to assist with the dissemination of information and mental health resources. Agencies include, but are not limited to, Siskiyou First 5, Area Agency on Aging: Planning Service Area II (PSAII), the Siskiyou Advisory Board, schools and the Siskiyou County Office of Education. In FY 22/23, SCBH intends to budget funds specifically for supplies with the intent to return to in-person community engagement events. Community Outreach will also support the purchase of incentive cards for individuals who participate in various focus groups.

Veterans Outreach

Siskiyou County is home to approximately 3,997 veterans. Through the CPP process, the community has consistently identified veterans as an un-served/underserved demographic with limited access to Behavioral Health services. Due to Covid, outreach activities to veterans were suspended in FY 20/21and have yet to resume. In FY 22/23, SCBH will participate in and provide outreach activities at events targeting veterans if these community events resume.

Outreach Video Project

In the spring of 2021, SCBH entered into contract with Hellikon, the producer of Siskiyou County's Rural Youth Media Outreach videos, to produce an outreach video promoting Behavioral Health services. The video is currently in production and once completed will be embedded on the county website, and used in other venues to inform the general public about mental health and substance use programs and services.

CSS MHSA Housing Program Assigned Funds

The shortage of affordable housing has consistently been identified during the CPP process as a high priority need by community members and partners. To address the housing shortage, SCBH pursued competitive and non-competitive No Place Like Home funding, and contracted

with the Rural Community Housing Developing Corporation (RCHDC) to develop a new permanent supported housing complex, Siskiyou Crossroads, in Yreka, California. RCHDC began contruction in March, 2022 on a 50-unit complex, with 24-units dedicated to permanent supportive housing for individuals with mental illness and co-occurring substance use disorders. In addition to the No Place Like Home funds, SCBH leveraged other funding through the regional Continuum of Care, PLHA and unspent MHSA housing funds. The MHSA housing funds were expended in FY 21/22 during the construction phase of the supportive housing project. A 55-year affordability covenant will be placed on the property through a recorded Regulatory Agreement and Promissory Note secured by a Deed of Trust.

Three-Year Goal:

To complete construction of a 50-unit low-income housing complex with 24-units dedicated to permenant supported housing of individuals with mental illness and co-occurring substance use disorders.

- Objective 1: Finalize MHSA housing and other funding source documents for hard construction costs.
- Objective 2: Complete construction of project by July of 2023.

FYs 20/21 and 21/22 Outcomes:

Funding was secured for the Siskiyou Crossroads project.

Construction began March of 2022.

Ground breaking ceremony on May 2, 2022.

Project is on schedule for completion by July of 2023.

Prevention and Early Intervention

Prevention and Early Intervention

Prevention and Early Intervention (PEI) programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and supports at the earliest sign of mental health symptoms, and build upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g., health care clinics, educational facilities, community organizations, and the FRC/CRC network.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for oversight of MHSA services. The MHSOAC created PEI and Innovation regulations to ensure that all service requirements are met within each program. California Code of Regulations (CCR), Title 9, Section 3560.010 requires specific data to be collected by counties and reported annually unless doing so would violate Health Information Portability and Accountability Act (HIPAA) guidelines regarding Personal Identification Information or Personal Health Information.

Currently, the regulations require counties to collect and report only aggregated program-level information, not client-level information. For example, a county is required to report the total number of people served by demographic category. However, because very small counties have so few people in any single specific demographic group, even program-level reporting might inadvertently disclose individual identities. As such, PEI program data is reported in aggregate on a countywide basis, instead of by program. PEI outcome data may be accessed on the Behavioral Health MHSA page.[iv]

MHSA 22/23 Programs

Following the spring 2021 RFP process, SCBH accepted proposals from the following organizations:

Component Area	*Contract Partners*
Total for *Early Intervention*	Dunamis Wellness
$563,830.00	Yreka High School Counseling Program
	Youth Empowerment Siskiyou
Total for *Prevention*	Quartz Valley Indian Reservation
$517,459.00	Etna PAL
	Karuk Tribal Housing Authority
	Tiny, Mighty, and Strong
	Mindful Little Campers
Total for *Access & Linkage*	First 5 Siskiyou
$91,452.00	Latino Outreach and Collaboration
	Healthy Siskiyou Mobile Unit
Total for *Suicide Prevention*	Lotus Educational Services, Inc.
$34,300.00	
Total For *Outreach For Increasing Recognition Of Early Signs Of Mental Illness*	Mental Health First Aid
$43,500.00	

Component Area	*Contract Partners*
Total for *Stigma & Discrimination Reduction (SDR)*	Rural Youth Media Outreach Program/Hellikon
$65,574.40	Take Action for Mental Health/CalMHSA
	Challenge Day (Yreka High School)
Community Family Resource Network	Tulelake/Newell Resource Center (TEACH, Inc)
$659,374.00	Siskiyou Community Resource Collaborative
	Happy Camp Community Action

PEI Programs

Annual Planning and Evaluation-PEI

SCBH recognizes the vitial role Siskiyou County community members play in the development of MHSA programs. The MHSA community stakeholder process is a collaboration that adheres to the California Cod of Regulations §3320 to plan, implement and evaluate Siskiyou County's Mental heatlh Services Act programs. SCBH works closely with PEI providers to ensure programs and services are accessible throughout the county and responsive to community identified needs. Due to the rural nature of the county which is comprised of many small communities with distinct cultures and needs, and to the shortage of Prevention and Early Intervention service providers, SCBH provides technical support and relies on feedback received from community providers throughout the year to inform decision making. PEI funds support Annual Planning activities, program evaluation and administration. The following PEI programs are currently being provided to Siskiyou County residents and will continue in FY 22/23.

Early Intervention Programs

Dunamis Wellness

In FY 21/22, SCBH initiated a contract with Dunamis Wellness to provide Early Intervention services in two schools in Siskiyou County. Based upon community feedback, the two schools selected were McCloud Elementary and Dunsmuir Elementary, and services began in late 2021 at these two sites. Services include screeing of all students in grades 6-8 to identify high-risk youth in need of intervention. Students identified through the screening process receive one-on-one mentoring services to help build protective factors. Dunamis also provides peer support groups led by an experienced clinician utilizing the evidence-based Botvin Life Skills curriculum. The Life Skills program is eighteen (18) weeks long with 6th graders, fifteen (15) weeks for 7th graders, and twelve (12) weeks with 8th graders. Dunamis Wellness was not a provider in FY 20/21, and thus outcomes will not be available until the next reporting cycle. This program is ongoing and will continue in FY 22/23.

Youth Empowerment Siskiyou (YES)

Youth Empowerment Siskiyou will provide individual and group counseling services for youth and families. The majority of the youth served through this program are involved in the Child Welfare System.

Goals and Objectives:

Objective 1: Participants will have timely access to services at least 80% of the time.

Objective 2: Participates will receive linkages to additional services at least 50% of the time.

Objective 3: Participants will achieve measurable symptom improvement within 18 months.

Yreka High School Counseling Program

The Yreka High School Counseling Program provides students access to on-site individual and group counseling services. In addition, under a counselor's direction, a student leadership team focused on fostering social emotional learning experiences, addressing bullying, stress management, self-care and self-awareness provides training for teachers, and students.

Three Year Goal:

This program was included in the MHSA 3-Year Plan 2020-2023, however, due to the public health emergency, services were not implemented. In FY 22/23, YHS will provide on-site counseling services, peer mentoring and training to the student body.

Prevention Programs

Etna PAL

The Etna PAL program provides Prevention services for youth throughout the Scott Valley. This program endeavors to provide mentoring to a minimum of seventy-five (75) youth, ages 5-18 who are at risk of school failure/drop out, juvenile justice involvement, mental illness or substance use disorders. This target population represents roughly 11% of the students in the small communities located in the valley.

Etna PAL is staffed by officers who strive to build protective factors, emotional intelligence, and engage youth in positive activities in safe and structured environments. Pre- and post exams are administered to youth participating in the programs to measure program effectiveness. Participating students are screened using ACES and referred for services as appropriate. This program will continue in FY 22/23.

Three-Year Goal:

To collaborate with non-profit organizations in the various regions of Siskiyou County in order to provide safe, inclusive, wellness-focused activities that expose transitional age youth to new opportunities, empowerment, and to improve community relationships.

- Objective 1: Increase the number of youths who are provided summer/school opportunities.
- Objective 2: Increase the number of youths who have improved mental health outcomes as a result of the summer/school programs.

FY 20/21 Outcomes:

Etna PAL provided mentoring services to youth in after school programs in the Scott Valley. The valley is comprised of Etna, Fort Jones, Callahan and number of smaller townships along highway 3 and beyond. In 20/21, PAL mentors provided Prevention services for 69 youth identified by their schools as at risk of school dropout, school failure, juvenile justice involvement, mental illness or substance use.

Karuk Tribal Housing Authority

The Karuk Tribe is one of two federally recognized Tribes in Siskiyou County. For the past several years, SCBH has partnered with the Karuk Tribal Housing Authority to provide culturally relevant services for Native American residents.

Gathering of Native American Elders (GONA)

The GONA is a gathering intended to create a space for Tribal Elders and members to discuss mental heatlh, substance abuse and other identified issues within the community. This assemblage offers Tribal members an opportunity to formulate suitable approaches to identified issues and, when appropriate, to refer affected community members to needed services and resources.

Family and Youth Groups

Services include family and youth groups that focus on behavioral health and wellness using Native healing practices. MHSA will continue to fund services provided by the Housing Authority in FY 22/23.

FY 20/21 Outcomes:

Due to the Covid-19 public health emergency, the Karuk Tribal Housing Authority did not provide services in FY 20/21.

Mindful Little Campers

The Mindful Little Campers program targets K-4th graders and provides 10-weeks of programming.

Three-Year Goal:

To collaborate with non-profit organizations in the various regions of Siskiyou County in order to provide safe, inclusive, wellness-focused activities that expose transitional age youth to new opportunities, empowerment, and to improve community relationships.

- Objective 1: Increase the number of youths who are provided summer/school opportunities.
- Objective 2: Increase the number of youths who have improved mental health outcomes as a result of the summer/school programs.

FY 20/21 Outcomes:

In FY 20/21, the Mindful Little Campers program served 39 unduplicated children in Happy Camp classrooms. The program targeted kindergarten through 4th-graders. Mindful Little Campers received 23 demographic forms from the 39 students engaged. Of the 23 forms returned, 78% of the students identified as American Indian/Alaska Native, and 21% identified as White.

Pre- and post-surveys completed by parents and staff evaluated their experience with the children before Mindful Little Campers and after. Of the fifteen (15) pre and post-tests completed, 60% of the parents reported improved outcomes after their children participated in the program, and of the four (4) staff evaluated 50% saw an improvement.

Quartz Valley Indian Reservation (QVIR)

The residents of the QVIR are confronted with complex internal and external stressors that affect essential funcitons of everyday life. The effects of systemic oppression and intergenerational trauma have resulted in a population with a high incidence of poverty, often associated with substance abuse, depression and suicidial ideation and attempts. In FY 22/23, QVIR will offer activities that raise awareness and build resilience including regalia workshops, GONA and cultural camps, monthly cultural nights and at least one Suicide Prevention and Mental Health Awareness walk. This program is new in FY 22/23, and extends services and activities to tribal and community members of the QVIR.

Tiny, Mighty, and Strong (TMS)

TMS serves youth in the east county communities of Merrill, Malin, Tulelake and Dorris. Much like Happy Camp, these communities have limited access to services, and PEI programs/services are vital to the health of the community at large. In FY 21/22, TMS added Restorative Justice Trauma-Informed Prevention services for 7th-12th graders at Tulelake Basin Joint Unified School District and Butte Valley Unified School District. Utilizing ACES assessments to identify high-risk behaviors TMS also referred youth to Behavioral Health and to mild-moderate behavioral health providers as appropriate.

In addition to providing Restorative Justice Trauma-Informed Prevention services, TMS operates a summer camp program that serves an average of seventy-five (75) youth annually. This program includes a health and wellness curriculum that builds resilience, teaches coping skills, and fosters connections. TMS also hosts at least three (3) community engagement events annually. These services will continue in FY 22/23.

Three-Year Goal:

To collaborate with non-profit organizations in the various regions of Siskiyou County in order to provide safe, inclusive, wellness-focused activities that expose transitional age youth to new opportunities, empowerment, and to improve community relationships.

- Objective 1: Increase the number of youths who are provided summer/school opportunities.

- Objective 2: Increase the number of youths who have improved mental health outcomes as a result of the summer/school programs.

FY 20/21 Outcomes:

Seventy-two youth participated in the TMS program in FY 20/21.

Suicide Prevention

Suicide Prevention Trainings/Lotus Educational Services, Inc.

While the Suicide Prevention component of PEI is not required, the community has expressed interest in continuing these trainings. Data from 2011-2019 indicates that Siskiyou County ranks 6th highest in suicide rates, and 16th highest in self-harm rates out of the 58 counties in California.[v]

Lotus Educational Services contracts with SCBH to provide Suicide Prevention training for community members including providers, first responders, the FRC/CRCs, and teachers among others. Trainings are provided quarterly, and SCBH works closely with Lotus to ensure training notifications are distributed throughout the community.

Training manuals, resource guides and participant certificates were provided to all individuals who attended the trainings. Lotus will continue to provide services in FY 22/23.

Three-Year Goal:

To provide suicide prevention trainings annually to providers and partners in Siskiyou and neighboring counties.

- Objective 1: Provide a minimum of two safeTALK or other suicide prevention trainings annually.

FY 20/21 Outcomes:

Twenty-eight people registered for the Suicide Prevention Trainings offered in April of 2021 by Lotus Educational, and 9 returned surveys asking for feedback on the course. These respondants reported the material was useful and helpful, and a 29% average increase in their level of comfort discussing the topic of suicide.

Access and Linkage

Early Screenings/First 5

First 5 is a long-standing PEI provider in Siskiyou County. In addition to providing trainings for the community and for service providers, First 5 partners with pediatritions, the FRC/CRCs, schools, Child Welfare Services (CWS), the Women, Infants and Children (WIC) program among others to administer ASQ/ASQ-SE screening and Ready4K engagement activities for children ages 0-6. First 5 connects children and families as needed to appropriate services, including SCBH based upon screening outcomes. This program will continue in FY 22/23.

Three-Year Goal:

To provide early intervention screenings to ensure children (ages 0 to 5) are meeting developmental milestones and to provide prompt referrals to appropriate resources when needed.

- Objective 1: Increase the number of children (ages 0-5) that are screened for early intervention services.
- Objective 2: Increase the capacity of providers for early detection of mental illness.
- Objective 3: Increase awareness of mental health stressors and protective factors.

FY 20/21 Outcomes:

In FY 20/21, First 5 Siskiyou provided training to organizations on ASQ-SE and implemented Phase II of building the universal early screening system in Siskiyou County. Through this system, 500 children were screened[vi]," (Applied Survey Research, 2021, p. 37).

Healthy Siskiyou Mobile Unit

Three-Year Goal:

To support mobile outreach activities, screenings, and linkage to behavioral health and substance use disorder services in remote communities throughout Siskiyou County.

- Objective 1: Increase bilingual outreach activities to Hispanic populations throughout Siskiyou County.
- Objective 2: Increase mental health and substance use service referrals to SCBH.

FY 20/21 Outcomes:

In FY 20/21, the Healthy Siskiyou Mobile Unit provided outreach services to 106 adults and children in both Spanish and English throughout Siskiyou County. Survey data collected during this period indicates that 68.2% of respondants received Medi-Cal benefits, 62.4% reported their income was less than $25,000 per year, 26.9% were Hispanic, 10.7% were Native American, and 29.7 % reported being unhoused.

Between July 1, 2020 and March 31, 2021, the Mobile Unit did not conduct outreach other than the Syringe Exchange due to the COVID-19 Pandemic.

Through the Siskiyou County Syringe Service program, the Mobile Unit made three (3) mental health referrals to SCBH and provided mental health information to every visitor. The Mobile Unit referred 48 individuals for substance use disorder treatment (including Medicated Assisted Treatment Locations) and offered services to 295 individuals who were actively injecting drugs.

This program will continue in FY 22/23.

Latino Outreach and Collaboration

ThreeYyear Goal:

To provide a bilingual outreach worker to the eastern Siskiyou County to offer outreach, education linkage, and supportive services to Spanish-speaking residents and their families.

- Objective 1: Increase the number of Latino referrals to SCBH or the Managed Care Plan for mental health treatment requests.
- Objective 2: Increase the number of outreach activities provided by the outreach worker.

FY 20/21 Outcomes:

In FY 20/21, SCBH contracted with TEACH, Inc. in eastern Siskiyou County for services provided by the local FRC/CRC, and for Latino Outreach and Spanish interpretation. The outreach worker for the Latino Outreach program conducted 24 Promatores Meetings, and in August of 2020 organized a Health and Safety Fair for Promatores with 82 participants. A total of 784 hours were dedicated to outreach to the Hispanic communities in Butte Valley by the Ourtreach Worker during this reporting period. In addition, 15 individuals were assisted with access/linkage to behavioral health services, and with translation to facilitate treatment.

Stigma and Discrimination Reduction Programs

Challenge Day/YHS

Challenge Day events are experiential social and emotional learning programs for grades 7-12 that offer schools an opportunity to ignite a shift toward greater school connectdness, empathy, and inclusivity. The program goes beyond tranditional ani-bullying efforts by building empathy and inspiring a school-wide movement of compassion and positive change. Challenge Day offers students an opportunity to address a wide array of issue including cliques, gossip, rumors, negative judgments, teasing, harassment, isolation, apathy, sterotypes, intolerance, racism, sexism, violence, suicide, homophobia, and hidden pressures to create an image, achieve or live up to the expectations of others. Challege Day events were on hold during the public health emergency, but will resume at Yreka High School in FY 22/23.

Rural Youth Media Outreach Program/Hellikon

Hellikon has provided MHSA Stigma and Discrimination and Suicide Prevention services for youth in Siskiyou County since FY 16/17. This program targets middle and high school youth, and engages them in video production projects focused on mental health and substance use iissues. Videos are written and directed by participating youth, and are submitted annually to Directing Change. Videos may be viewed at the Siskiyou County Behavioral Health website under MHSA. Hellikon will continue to provide services in schools in FY 22/23.

Three-year goal:

To replicate Directing Change by addressing the impact of stigma and discrimination surrounding mental illness by providing youth the opportunity to develop, direct, and present their video/media stories to their local communities.

- Objective 1: Increase the number of youths given the opportunity to participate in the Rural Youth Media projects.
- Objective 2: Decrease mental health stigma and discrimination in communities that host program activities

FY 20/21 outcomes:

In FY 20/21, Hellikon offered this SDR program at Tulelake High School and to Upward Bound participants from Etna High School. The instability of the school system in FY 20/21 due to Covid made regular in-person engagement with students challenging, however, students in this program created two videos, both of which can be viewed on the Siskiyou County website under the MHSA menu.[vii]

Take Action for Mental Health/CalMHSA

Siskiyou County Behavioral Health participates with other California counties and contracts with CalMHSA for Take Action for Mental Health Statewide PEI programming. The primary goal for Take Action for Mental Health is to help Californians support their mental health and the mental health of people they care about. The campaign's underlying goal is to support prevention and early intervention efforts that promote mental wellness and offer Californians the tools to seek help for themselves or a loved one. Take Action is the evolution of the Each Mind Matters campaign which over the past decade has had a positive impact on reducing the stigma of mental illness and increasing awareness of mental health needs and resources. Other Take Action programs include Know the Signs, and the Directing Change program and film contest, both of which are implementd in Siskiyou County.

Writing from the Heart

Research from the field of narrative psychology has shown a link between narratives and well-being. Health benefits include boosting listening skills, fostering imagination, increasing empathy, memory retention, increasing positive emotions, and fostering engagement. Writing from the Heart provided community members with a safe space in which to explore personal stories, reflect on them, change narratives, heal and grow. The Writing from the Heart program was discontinued in FY 21/22; goals and outcomes for FY 20/21 are as follows:

Three-year goal:

To create a platform of acceptance and respect for mentally ill community members and their families by ercreating a supportive place for members to write and share personal stories.

- Objective 1: Increase community support surrounding mental illness by creating a safe and creative group to explore issues around mental illness.
- Objective 2: To decrease negative sterotypes and discrimination by providing multiple perspectives and evidence-based practices.

FY 20/21 Outcomes:

In FY 20/21, the teen Writing from the Heart program targeted youth attending Discovery High School, a continuation high school in Yreka. Eight classes and one community reading event were offed to seven youth participants. One adult story telling class was offered in the fall and spring of 20/21. The average participation rate for the adult class was 10.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Mental Health First Aid

Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues. Participants learn how to identify, understand and respond to signs of mental illnesses and substance use disorders.

Three-year goal:

To provide Mental Health First Aid training to first responders, including medical professionals, teachers, law enforcement, FRC/CRC staff, and others in order to recognize the early signs of potentially severe and disabling mental illness.

- Objective 1: Increase the number of first responders in Siskiyou County trained to identify early indicators of mental health issues.

FY 20/21 outcomes:

Sixteen (16) unduplicated individuals attended Adult Mental Health First Aid trainings in FY 20/21. The average age of participants was 41, and 81% of attendees identified as female. Eighteen percent identified as Native American, and 71% as Caucasian. Ninety-four percent of respondents reported the material was useful and 32% reported it better prepared them for the work they are currently doing.

Three (3) unduplicated females attended the Youth Mental Health First Aid course offered by Lotus Educational in 20/21. Two participants identified as Caucasian, one as American Indian and one declined to specify. The average age of participants was 40 years old, and all said that they would attend a class again if offered the opportunity as it was informative and better prepared them for the work they currently do.

Community/Family Resource Network Programs

The Community/Family Resource Center network provides invaluable services to the residents of Siskiyou County. Eight C/FRCs are spread throughout the county, several serving small communities off of the I-5 corridor. Each C/FRC provides Access and Linkage, Outreach for Increasing Early Signs of Mental Illness, SDR and Prevention services for children/youth/adults and older adult community members.

Happy Camp Community Action

Happy Camp is a small, isolated community approximately 90 minutes from Yreka via a dangerous, two-lane road. In 2020, the Happy Camp community was devastated by the Slater Fire which destroyed approximately 200 homes. The majority of homeowners whose property burned were uninsured; recovery from this catastrophic event has been slow, and many residents remain in temporary housing. The Community Resource Center in Happy Camp has long been the center of the community, and is a vital resource as the community strives to recover. SCBH contracts with HCCA to provide Access and Linkage, Outreach for Increasing Early Signs of Mental Illness, support groups (Slater Fire Survivors) and Stigma and Discrimination Reduction activities. These programs will continue to be offered to the residents of Happy Camp in FY 22/23.

Siskiyou Community Resource Collaborative

Siskiyou Community Resource Collaborative (SCRC) is a consortium of six Family/Community Resource Centers located primarily along the I-5 corridor in Yreka, Montague, Dunsmuir, Weed, Mt. Shasta, and Scott Valley. The Siskiyou Collaborative partners with SCBH to provide Access and Linkage, Prevention, and SDR services for community members. SCRC assists community members to access mild to moderate and speciality mental health services, housing resources, and benefit services. Resource Centers also provide family and youth Prevention groups, and community events and workshops focused on addressing Stigma and Discrimination Reduction. The SCRC resource centers will provide Prevention, Access and Linkage, Outreach for Increasing Early Signs of Mental Illness, and SDR services in FY 22/23.

Tulelake/Newell Resource Center (TEACH)

The Tulelake/Newell Family Resource Center (TEACH, Inc.) has provided PEI services for many years, and is a vital resource for the communities of the Butte Valley. Eastern Siskiyou County is facing severe dought conditions that have left many families without water to meet basic needs, and robbed many farmers of their livelihood. Under these circumstances, the FRC has become increasingly vital to the heatlh and resilience of the community. The Tulelake FRC provides referrals and access to walk-in consumers seeking services and other resources/support. In addition, they provide family and student group-based Prevention/education classes, workshops and community events to address Stigma and Discrimination Reduction. Many monolingual Spanish speaking individuals reside in the Butte Valley, and MHSA supports access and linkage to services for this under-served population via a bi-lingual Promatores provider. These services will continue to be funded by MHSA in FY 22/23.

Adult and Family Programs

Three-year goal:

To provide a variety of culturally relevant PEI programs that increase awareness and address the mental health needs of families and adults.

- Objective 1: Improve parenting skills.
- Objective 2: Improve social competencies.
- Objective 3: Improve school performance.
- Objective 4: Decrease drug and alcohol use/abuse.

FY 20/21 outcomes:

In FY 20/21, the Siskiyou Community Resource Collaborative reported 93 unduplicated individuals participanted in various parenting programs across the six Resource Centers in the county. The Tulelake/Newell Family Resource Center women's groups were attended by 26 unduplicated individuals in the spring of 2021. East county also conducted Promatores Women's Circles for 15 individuals. In total, MHSA funded adult/family parenting classes and prevention groups reached a total of 134 unduplicated individuals in 20/21.

In collaboration with First 5, the C/FRCs engaged families in a Ready4k Program that reached families of 539 children. Ready4k reported that 92% of parents felt their relationship with their child was stronger as a result of their participation in Ready4k activities and that same percentage felt that the Ready4k texts helped their child learn and grow.

Youth Programs

Three-Year Goal:

To offer a variety of culturally appropriate community and practice-based group programs to children and youth throughout Siskiyou County, targeting at-risk and un- or under-served youth populations.

- Objective 1: Increase the number of children and youth who are offered youth programs throughout the county.
- Objective 2: Increase protective factors and decrease risk factors by offering a variety of youth program activities and increasing referrals for specialty mental health services.

FY 20/21 Outcomes:

Youth programs at the Family/Community Resource Centers in FY 20/21 served 97 unduplicated youth in Siskiyou County. Groups included Girl's Circle, Boy's Council, and Why Try. Group participation was limited as a result of pandemic shutdowns, however, several groups successfully transitioned to online platforms, especially in more isolated areas of the county. Program pre/post data showed positive increases in protective factors at an average rate of 30%.

Stigma and Discrimination Reduction Programs

Three-Year Goal:

To disseminate resources concerning mental wellness and to facilitate community-based workshops in order to improve access and linkage to mental health treatment in a convenient, accessible, and culturally appropriate setting.

- Objective 1: Provide a minimum of eight Stigma and Discrimination Reduction programs.
- Objective 2: Provide a minimum of 16 Mental Health Education workshops.
- Objective 3: Reduce stigma and discrimination associated with mental illness
- Objective 4: Increase mental health awareness.

FY 20/21 Outcomes:

The resource centers in Siskiyou County regularly post articles and other materials addressing issues related to mental health/wellness and substance use disorders. In FY 20/21, the F/CRC received 72,243 views of SDR campaigns. Additionally, SDR events were held at the Resource Centers in Tulelake, Mt. Shasta and Dunsmuir engaging another 2,408 individuals.

Access and Linkage to Treatment

Access and Linkage to Treatment programming is a core component of MHSA. Contracted providers screen and refer children and adults with mental health and/or substance use disorders for assessment and treatment the mild to moderate provider network or to SCBH.

Three-year goal:

To improve timely access to mental health services through SCBH for underserved populations by collaborating with the FRC/CRC networks and other community programs.

- Objective 1: Increase the number of mental health service access requests from the FRC/CRC networks and other community programs.
- Objective 2: Increase the frequency in which referrals are crosschecked between SCBH and the FRC/CRC networks and other community programs.

FY 20/21 Outcomes:

Twenty-three children (unduplicated) were referred for early intervention services by the C/FRC network in FY 20/21. In addition, the C/FRC network reported referring 55 individuals to SCBH for mental health or substance use disorder treatment. Of the 55 referred individuals, 22% scheduled intake appointments but did not attend their assessment, 18% were assessed and engaged in treatment services, 25% were assessed and referred to a lower level of care, and 7% declined services.

Innovation—Multi-County Full Service Partnership (FSP) Project

MHSA Innovation projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning, and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals. In FY 19/20 Siskiyou County joined with six (6) other counties to enhance FSP program designs.[viii] Innovation funds support the Annual Planning-Innovation community engagement process, program evaluation, and the following Innovation program.

Background

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs and accounts for the largest expenditure in all of MHSA. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. FSP client's range in age from children to adults and receive wrap around services in all aspects..

Challenges

FSP programs across all counties in California vary from their approaches to program design and outcomes measurement to definition of terms and overall implementation. As a result, Siskiyou County and other counties across California do not have consensus about the best way to maximize impact for FSP participants, and many would like to understand which core components of FSP drive better outcomes. Information flows often feel one-directional, as county staff and providers report data up to the state but struggle to interpret and analyze the data they receive back to examine outcomes or inform future decisions. Additionally, current state-required metrics are difficult to compare across programs, providers, and geographies. In practice, for county staff, providers, and community members, these challenges have meant that state-required performance measures do not fully capture how FSP clients are faring as whole people. Current metrics are limited: they do not prioritize what individuals need most, and in some cases, they fail to capture exactly how much improvement an FSP client has made. Additionally, processes for enrolling, discharging, and graduating clients from FSP programs are either inconsistent or not optimally informed by available data.

Project Purpose

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project

represents an innovative opportunity for Siskiyou to partner with a diverse group of participating counties (Fresno, Ventura, Sacramento, San Bernardino, and San Mateo) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has supported Third Sector in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSPs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcomes-oriented, data-driven services focused on improved meaningful life outcomes. Third Sector acts as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this multi-county Innovation Project, Siskiyou County will implement new data-informed strategies to program design and continuous improvement for the FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive programs.

Expected Outcomes

At the end of this project, Siskiyou County will have identified and prioritized FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and will have attained a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation.

Phases

The FSP Innovation project began its 4.5 year partnership in January of 2020. Over the first year of this project, Siskiyou County worked with Third Sector to develop a comprehensive assessment of Siskiyou's FSP program ascertaining the county's strengths and weaknesses through client focus groups, staff engagement and regular meetings both with the multi-county initiative and in one-on-one meetings. The second year began the implementation phase of taking information gathered and developing more defined service guidelines, shared outcome measurements with the other counties in the multi-county cohort, standardizing populations definitions and developing recommendations to the state regarding the Data Collection and Reporting (DCR) System for FSP clients.

For the final two (2) years, Siskiyou and its multi-county collective are transitioning from Third Sector to working with Rand Corporation, which will evaluate the data of the changes implemented.

Status Update: FY 21/22

New Practices

This project has introduced new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aims to increase consistency in how FSP's are administered within and across different counties.

Additionally, SCBH has implemented a new Case Management model using CIBHS's evidence-based Strengths Case Management Model. This new approach has revitalized the county approach to FSP challenges and how clients are engaged.

Strengths Model shifts the current case management of FSP clients from the reactive to the proactive approach. This model asks the clients to create goals, both short-term and long-term, and focus on their strengths. Case Managers, Clinicians, and Clinical Site Supervisors convene weekly to discuss the needs of each client and how to best support them. This change in management focuses on the client's continuous improvement and eventual graduation back into community supports and independence and is including full spectrum involvement in client success at all levels and inviting collaboration within the agency on how to best assist the FSP client in reaching their goals.

State-level Changes

After working with Third Sector and the other partner counties to develop a more cohesive vision around which data elements and metrics are most relevant for measuring FSP success and improvement the results were then drafted into a memo to the state. The memo highlighted both "near-term" and "longer-term" adjustments that counties felt would be beneficial to all involved in the FSP program.

"Near-term" recommendations in the memo were:

1. Creating an "FSP playbook" to serve as a resource all things FSP related.
2. Better distribution of training videos on how to use the state system and more readily available state technical assistance.
3. Develop a county-to-county space where ideas can be shared and troubleshooting issues can be a collaborative experience amongst counties.

4. Institute quarterly technical assistance webinars around the state reporting system.

5. Establish a central directory of DHCS staff who serve as county liaisons for assistance in DCR functions and access.

6. Develop a county support policy that requires DHCS liaisons to respond to email inquiries within a reasonable timeframe.

7. Provide counties with access to more administrative access.

8. Revise DCR language to be more recovery-oriented in keeping with the goals set by counties in the multi-county project and others who are similarly trying to revise their FSP practices. Recovery-oriented goals would align more directly with the Strengths Model of reframing the narrative of client lives to be more goal oriented than deficit-based.

9. Revise forms in the DCR to allow for more nuanced responses and the ability to add specialty fields that would include priorities defined in the FSP Innovation Project. Also, make the forms more flexible for editing, merging duplicate forms, pre-populate certain sections that are generally consistent, edit dates as needed, skip questions that may not be relevant, remove obsolete data elements, and certain report features.

"Longer-term" recommendations in the memo were:

1. Reconsider the functions of the KETs and 3Ms and instead consider one assessment at a regular interval.

2. Consider a new system with advanced API capabilities that could smoothly integrate with counties' existing electronic health record (EHR) systems.

3. Implement a new help ticketing system

4. Prioritize a new system that uses Client Identification Numbers (CIN) instead of separate Global Unique Identifier ID's (GUID).

5. State collaboration with other state and health care entities to create a wider data sharing system and thus create a more comprehensive overview of each consumer's interactions and needs across all systems.

6. Form a recurring workgroup with DHCS, Counties, and MHSOA to streamline MHSA data reporting requirements.

7. Form a workgroup to collaborate on reporting requirements for SB-465 and consider a new data system to assess the degree to which people who are most in need are accessing services.

8. DHCS should collaborate with other state agencies to align how demographic information is collected across different departments

9. Convene a recurring, bi-monthly workgroup with county representatives to reimagine the role of the FSP data system.

10. Launch a survey or host a collaborative with FSP providers and behavioral health administrators to solicit feedback on what technical features should be included in a data collection system.

11. Build off the efforts of the project counties to define consistent FSP population definitions and outcome measures.

Goals for 2021-2024

Third Sector will continue to work with counties to build and implement the cohort and local activities through fall 2021. This will include facilitation of cohort and county-specific workgroups; FSP client and provider engagement by survey, focus group, and interview methods; and Learning Community events to gather feedback from other counties statewide.

By the end of November 2021, the counties and Third Sector hope to have implemented new strategies and approaches to increase the consistency of FSP services; more effectively use data to understand who is being served, what services they are receiving, and what outcomes they are achieving; advocate for changes to statewide FSP data collection system; and have a sustainable continuous improvement process to continue peer learning. By 2024, the aim is to have a clear understanding of the impact of this collaborative process on county policy and, more importantly, the individuals served by FSP.

In addition, this project hopes to illuminate and address racial disparities in outcomes and elevate voices and communities of color especially as they provide feedback to counties on FSP programming. Overall, the Multi-County FSP Innovation Project hopes that the strategies piloted will be useful on a statewide scale, and the lessons will be shared for future statewide collaborative efforts that can benefit California's most vulnerable individuals suffering from mental illness.

FY 20/21 Financial Overview[ix]

In FY 19/20 Siskiyou County outlined a budget for the FSP Innovation Project to total $700,000 over the 4.5-year project duration. Below is the estimated breakdown of requested funds by fiscal year as shared in the Siskiyou MHSA 20-23 3-year plan, the financial details from FY 20/21, and the estimated current costs for FY 21/22.Budget for FY 21/22

Budget Narrative

Siskiyou County will pool the majority of this funding with other counties to support consultant and contracting costs, with a small portion of funding set aside for county staff travel and administrative costs:

Resources to be leveraged

The total proposed budget for supporting all six participating counties in pursuing this Innovation Project is approximately $5.7M over 4.5-years. This includes project expenditures that are shared across counties (i.e., Third Sector technical assistance; CalMHSA; third-party evaluation), as well as any additional county-specific expenditures that participating counties may choose to support for the purposes of this project (e.g. salary and benefits costs for county supporting staff). Siskiyou County intends to contribute a total of $700,000 in MHSA Innovation funds to support this project over the 4.5-year project duration. Counties will contribute varying levels of funding towards a collective pool of resources to support shared project costs. This will streamline counties' funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

County Travel and Administrative Costs

Siskiyou County anticipates travel costs up to $16,000 over the 4.5 years, or approximately $3,500 per year, which may vary based on the number of staff traveling and the number of in-person meetings. Including estimated administrative costs, Siskiyou County will allocate approximately $178,000 for 4.5 years of personnel costs.

Shared Project Costs

The remaining amount, $505,256, will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

Workforce Education and Training

Workforce Needs Assessment

Similar to many rural frontier counties, SCBH has experienced staffing challenges for many years particularly with regard to recruiting and retaining medical providers and LPHAs. The COVID-19 public health emergency, the ensuing 'great resignation' and Siskiyou County's location, adjacent to two larger counties that offer better wages, has created a staffing crisis. Since July 1, 2020, sixteen (16) staff members have resigned from positions in the Adult System of Care, and seven (7) others have been re-assigned in an attempt to fill existing gaps. Children's System of Care lost seven (7) staff members including clinical providers and peers during this time. Five (5) fiscal and support staff have resigned, three (3) medical providers, and two (2) SUD Counselors have left the agency. A total of thirty-two (32) positions were vacant for some period between July 2020 and March 2022 and of those, nineteen (19) remain unfilled with no prospects on the horizon. This equates to a vacancy rate of between 43% and 25% over the course ot the past two years.

Agency staff were surveyed to ascertain needs for the purposes of this update and planning for FY 22/23. Survey questions included the following:

1. Morale is a common topic when discussing our staff and trying to determine ways to boost it. Can you offer some ideas on what you think would be good ways to do this?
2. What do you need to feel satisfied with the work you accomplished during the workday?
3. Are there particular trainings/conferences/events you feel would be useful to you/your team that you are not getting/attending?
4. Are there any resources that you lack to complete or maintain your job duties?
5. What could administration do to improve:
    a. Staffing
    b. Work Environment
    c. Workload Distribution?

The majority of respondants indicated they wanted higher wages, to fill existing positions and potentially create additional positons to spread the workload, lower billability expectations, and better staff appreciation events. The top three areas staff identified as having the biggest impact on their satisfaction at work were: the feeling of having a positive impact on someone's life (30%), relationships with co-workers (25%), and financial compensation (15%). Staff also identified training opportunities, and a welcoming workspace as important factors with regard

to work satisfaction. In an effort to recruit and retain staff, and to address burn-out in the workforce, SCBH offers the following MHSA programs.

Financial Incentive Programs

Continued Education Assistance Program (CEAP)

Funds for this program will support SCBH staff who wish to pursue educational goals that align with the needs of the department who are not eligible to participate in the Statewide WET program. In FY 22/23, $7,000 will be available to the SCBH workforce.

Statewide WET Contribution

Siskiyou County contributes to the MHSA Superior Region WET program to fund pipeline/career awareness, scholarships, stipends and loan repayment programs in collaboration with the Department of Health Care Access and Information (HCAI). The Superior Region is comprised of sixteen (16) counties; Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties. This program was implemented in July of 2021, and will continue through June of 2025. Siskiyou's contribution to this program was $59,220.72 in FY 21/22. These funds leverage $126,801.47 from HCAI for a total of $186,022.19 of which $23,690.50 is allocated to CalMHSA for their role as the administrative and fiscal agent for this program.

Training and Technical Assistance

Training and Workshops for Evidence-Based Practices

In FY 20/21, SCBH budgeted $24,000 for training and technical assistance. SCBH funded training on mental health and substance use issues for staff and community partners and trainings in specialized methodologies such as CSE-IT for county staff. SCBH will continue to support training in evidence-based practices and licensure of county employed staff, including, but not limited to, CSE-IT, Moral Reconation Therapy, and IT training.

Provider/Partner Training

SCBH funds training on mental health and/or substance use for county staff, community partners and providers. This program may include, but is not limited to training facilitators in specific PEI programs, training community partners, including law enforcement and hospital staff on relevant mental health issues such as 5150 protocols, and/or providing training on mental health/substance use topics for community providers. The anticipated cost of providing these trainings is $10,000 in FY 22/22.

Challenges and Strategies

As noted above, recruitment and retention of licensed and license eligible clinical staff is challenging in Siskiyou County. Wages are not commensurate with those in surrounding jurisdictions, and with wages for similar positions in many California counties.

SCBH seeks to mitigate staffing challenges by 'growing our own' and provides educational and training opportunities for Siskiyou County residents who are interested in pursuing careers in healthcare. This has proven to be an effective strategy; SCBH currently employs two Clinicians that began their careers at SCBH as Behavioral Health Specialists.

The WET component is no longer funded by MHSA, and SCBH supports vital WET initiatives with funding transferred from CSS.

Capital Facilities and Technology Needs

Capital Facilities and Technology Needs

In FY 20/21, CSS funds were allocated to Capital Facilities and Technology Needs (CFTN) with the intention to implement a new EHR, however, due to delays in selection of an appropriate system by SCBH's vendor, this project did not move forward. Funds in this component were utilized for maintenance of the existing EHR and SCBH's contract with Kings View to support this system.

SCBH intends to move forward with implementation of a new EHR in FY 22/23, and will partner with CalMHSA to implement SmartCare. CFTN funds will support this implementation. Also budgeted in FY 22/23 are hardware upgrades, lease fees for copiers, building signage, licensing fees for Office 365 and Zoom to ensure client access to services, and Grammarly for improved clarity in state reporting. Additionally, it is the intention of SCBH to purchase a web address and cloud-based web forum to establish a MHSA site for contract providers to collaborate and receive information.

MHSA will contribute approximately $750,000 of Technology funds to the above endeavors in FY 22/23.

Challenges and Strategies

CSS funds will be transferred to CFTN to support the technological needs for the department.

FY 22/23 Mental Health Services Act Annual Update
Funding Summary

County: SISKIYOU Date: 6/28/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,335,608	1,123,400	668,198	0	0	
2. Estimated New FY 2022/23 Funding	3,734,190	933,554	245,672			
3. Transfer in FY 2022/23[a/]	(826,906)			70,535	756,371	0
4. Access Local Prudent Reserve in FY 2022/23	0					0
5. Estimated Available Funding for FY 2022/23	6,069,798	2,056,954	913,870	70,535	756,371	
B. Estimated FY 2022/23 MHSA Expenditures	3,750,022	2,056,156	193,328	70,535	756,371	
G. Estimated FY 2022/23 Unspent Fund Balance	1,492,870	798	720,542	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	692,431
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	692,431

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 22/23 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: SISKIYOU Date: 6/28/22

		Fiscal Year 22/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures (Including Interest)	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1.	Adult/Older Adult FSP	682,767	341,384	341,384			
2.	Child/TAY FSP	455,178	227,589	227,589			
3.	Flex Funds	238,850	238,850				
4.	Wellness & Recovery Program	408,884	408,884				
5.	Peer Support	32,464	32,464				
6.		0	0				
7.		0					
8.		0					
9.		0					
10.		0					
Non-FSP Programs							
1.	General System Development	689,899	689,899				
2.	Telehealth Expansion	50,000	50,000				
3.	Transportation	5,000	5,000				
4.	Crisis Intervention Response	175,000	175,000				
5.	Homeless Outreach	160,000	160,000				
6.	Community Outreach	20,000	20,000				
7.	Veterans Outreach	10,000	10,000				
8.	Outreach Video Project	25,000	25,000				
9.		0	0				
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
CSS Annual Planning Costs		14,100	14,100				
CSS Evaluation Costs		10,000	10,000				
CSS Administration		135,000	135,000				
CSS MHSA Housing Program Assigned Funds		637,880	637,880				
Total CSS Program Estimated Expenditures		3,750,022	3,181,050	568,973	0	0	0
FSP Programs as Percent of Total		57.2%					

FY 22/23 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: SISKIYOU Date: 6/28/22

		Fiscal Year 22/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures (Including Interest)	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
1.	Adult/Older Adult FSP	682,767	341,384	341,384			
2.	Child/TAY FSP	455,178	227,589	227,589			
3.	Flex Funds	238,850	238,850				
4.	Wellness & Recovery Program	408,884	408,884				
5.	Peer Support	32,464	32,464				
6.		0	0				
7.		0					
8.		0					
9.		0					
10.		0					
Non-FSP Programs							
1.	General System Development	689,899	689,899				
2.	Telehealth Expansion	50,000	50,000				
3.	Transportation	5,000	5,000				
4.	Crisis Intervention Response	175,000	175,000				
5.	Homeless Outreach	160,000	160,000				
6.	Community Outreach	20,000	20,000				
7.	Veterans Outreach	10,000	10,000				
8.	Outreach Video Project	25,000	25,000				
9.		0	0				
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
CSS Annual Planning Costs		14,100	14,100				
CSS Evaluation Costs		10,000	10,000				
CSS Administration		135,000	135,000				
CSS MHSA Housing Program Assigned Funds		637,880	637,880				
Total CSS Program Estimated Expenditures		3,750,022	3,181,050	568,973	0	0	0
FSP Programs as Percent of Total		57.2%					

FY 22/23 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: SISKIYOU Date: 6/28/22

	Fiscal Year 22/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Multi-County FSP Project	178,328	178,328				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Inn Annual Planning Costs	2,000	2,000				
INN Administration	13,000	13,000				
Total INN Program Estimated Expenditures	193,328	193,328	0	0	0	0

FY 22/23 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: SISKIYOU Date: 6/28/22

	Fiscal Year 22/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. **Continued Ed. Assistance Program**	7,000	7,000				
2. **Provider/Partner Training**	10,000	10,000				
3. **Training & Workshops for Evidence Based Practices**	53,535	53,535				
4.	0	0				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	70,535	70,535	0	0	0	0

FY 22/23 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: SISKIYOU Date: 6/28/22

	Fiscal Year 22/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Building Signage	12,000	12,000				
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
1. Copier Project	18,000	18,000				
2. CalMHSA_EHR	587,601	587,601				
3. Cont Elec Health Record Maint	123,600	123,600				
4. Software/Hardware Upgrades	15,170	15,170				
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	756,371	756,371	0	0	0	0

[i] Data pulled from the US Census Bureau's Quick Facts V2021
[ii] California Employment Development Department
[iii] View Document - California Code of Regulations (westlaw.com)
[iv] Mental Health Services Act | Siskiyou County California
[v] Data provided by California Department of Public Health in an internal report
[vi] Children & Families – Siskiyou County (first5siskiyou.org)
[vii] Directing Change | Siskiyou County California
[viii] Details about this project beyond this summary can be found at: Innovation | Siskiyou County California
[ix] Medi-Cal and client-share-of-cost, as determined by the UMDAP, will be accessed to leverage the investment of MHSA funds expended for this program.